SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Barne (Basella), E | W E

THERED Permit #: Date: Refund: Amount Paid: \$0 00€ CI-91-0

INSTRUCTIONS: No permits will be Checks are made payable to: Bayfik

	eld County Zoning Department.	issued until all fees are paid.
100	-	Bayfield Co. Zoning De

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052016

(If there are Multiple Owners light on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	above described property a	FAILURE TO OBTAIN A PERMIT or STARING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN THE PROPERTY OF THE PROPERT							Municipal II so		Selletalidis	Commercial Use		s.)	Hec'd for Issuan	Residential Use			Proposed Use	Proposed Construction:	Existing Structure: (ii						material	Value at Time of Completion * include donated time &	□ Non-Shoreland		Shoreland Cr		Section 36	1/4,	PROJECT LOCATION Les		KMAJ (ontractor:	address of Paperty:)wner's Name:	NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT VOE OF DERMIT RECUIESTED— J JAND USE SANITARY
Owners lis	t any reasonab	ication (includi e detail and ac										no P	S. S. S.		93 E				٠,)n:	(if permit being	, cycle of	☐ Run a Business on	Relocate (existing bldg)	Conversion	Addition/	New Construction	Project		ls Property	eek or Land	s Property	📿 , Township	1/4	Legal Description:		Signing Applie				STED-W
ed the D	ple time for the	FAILURE ing any accomp curacy of all information on this information.		Other:	Conditi	Special	Accesso	Accesso	Additio	Mobile	Bunkho						Kesiden	Principa			ng applied l	70.	ness on	existing bldg)	3	Addition/Alteration	ruction	2		/Land with	dward side	/Land withi	S O				tion on		62000		PERMITS HAVE BEEN
eed All Owners mu	puerse of inspection.	TO OBTAIN A PERMI anying information) has ormation I (we) am. (are) nation I (we) ain (are) I		Other: (explain)	Conditional Use: (explain)	Special Use: (explain)	Accessory building Audition/Aires arron.	Accessory Building (s	13	Mobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	Residence (i.e. cabil), Iluituig silacs, etc.)	Principal Structure (first structure			applied for is relevant to it)	1 1	□ No Basement	□ Basement	2-Story	1-Story + Loft	1-Story	# of Stories and/or basement		Is Property/Land within 1000 feet of Lake,	Creek or Landward side of Floodplain?	s Property/Land within 300 feet of River, Stream (incl. Intermittent)	N, Range		(Use Tax Statement) Gov't Lot Lot(s)		behalf of Owner(s))				JUSE SAN
ist sign <u>or</u> let	The state of the s	IT or STARIIM been examined b) providing and providing in or		taivs	Ξ) 		JIGOI/ Auce	(specify)	specify)	tured date)	ary, <u>or</u> □ sl	ned Garag)eck		orch	<u></u>	mic Simin	st structur	Pro				nent		H	_ ,	X	nent			If yes	er, Stream	W		04- 03 é	100 C C C C C C C C C C C C C C C C C C	Agent Phone:	Contractor Phone:	City/State/2lp:	, ⊳∣	200
ter(s) of auth	معدد والتي التي التي التي التي التي التي التي	d by me (us) and that it will be re with this applica		ਰ			order Table	2 (22)			eeping quan	Ф					CR, etc.)	e on property)	Proposed Structure	Length:	Length:					Year Round	Seasonal	Use		f yescontinue	-continue -	(ind. Intermitten	C C		Vol & Pa	rits)	774-3	Phone:	W/State/Zip:	35S:	□ PRIVY
orization must acco		to the best of my (our) slied upon by Bayfield C		lake	a particular de la constanta de		(Cu y)	(capata)										ty)	cture	بغ			X None			id		# of bedrooms		Distance structure			128		50-09-36 00 1ge Lot(s) No.		Agent Mailing A	Plumber:	1 to 2 to	City	□ CONDITIONAL USE
ompany this appli		knowledge and belief knowledge and belief county in determining county officials charge	DAAIT MAII I DECLIT	The state of the s							cooking & food prep facilities)									איוטנוו: א	Width:	□ None	Compost Toilet	Privy (Pit)	□ Sanitary	☐ (New) Sanitary	☐ Municipal/City	8			028	Ω,			01 - 5000 01 - 5000 0. Biock(s) No		Agent Mailing Address (include City/State/Zip):		S In Miles	Ę	
cation)		it is true, correct whether to issue with adminis	IN DENIAL TIES								offities) (+			1				1				Compost Toilet	٩	xists)	- 1	al/City	What Typeewer/Sanitary		feet	feet	from Shoreline:		Int Size		Recorded D	ty/State/Zip)	٥		Part 1	☐ SPECIAL USE
	Date 9-15-16	t and complete. I (we) ack e a permit. I (we) further tering county ordinances t	~	2 × 25%	ı	×)		×	× ×	× ×	< >		×	×	×	×	×	×	Dimensions	100 68 114.			רטוווו פכר/	Vaulted (min 200 gallon)	secify Type:	Specify Type:		What Type of Sewer/Sanitary System Is on the property?	Social Marian	XNo	Floodplain Zone?	Is Property in	- Table Control Contro		9	<u> </u>				<u>6</u>	□ B.O.A. □
used	16 000	nd complete. I (we) arknowledge that I (we) a permit. I (we) further accept liability which something county ordinances to have access to file with the county ordinances to have access to file with the county ordinances.	0-02697	See primits	and the state of t														Footage	(i)				alion)		Well	□ City	Water				Are Wetlands	(e,09	Acreage	Page(s)	Attached □ Yes □ No ocument: (i.e. Property Ownership)	n Authorization	Plumber Phone:	Cell Phone:	one:	□ OTHER

Minneapelity MK

3

Date

SSYV Attach
Copy of Tax Statement
the property send your Recorded Deed

Address to send permit

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Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

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(If there are Multiple Owners listed on the

Hold-For IBA:	ircel in Common Ownership Structure Non-Conforming Structure Non-Conforming Ted by Variance (B.O.A.) s y No Was Parcel Legally Created S Proposed Building Site Delineated Cof Inspection: Of Inspection:	Inarked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction Of New One & Two Family Dwelling: Stawn For The Construction Of New One & Two Family Dwelling: The local Town, Village, City, Stawner Issuance Information (County Use Only) Permit Denied (Date): Permit #: 17-2015 Permit #: 17-2015 Permit Denied Sub-Standard Lot 17 Yes (Doct of Bourse)	Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (7) above (prior to continuing) Please complete (1) – (8) above (prior to continuing) Please comp	(1) Show Location of: Proposed Construction (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): (8) Well (W); (*) Septic Tank (ST); (*) Drain Field (*) Show any (*): (*) Well (W); (*) Stream/Creek; or (*) Ponce (*) Wetlands; or (*) Slopes over 20%
Hold for fees:	Mitigation Required Yes No A No Mitigation Attached Yes No A Previously Granted by Variance (B.O.A.) Case # Were Property Lines Represented by Owner Was Property Surveyed No (If No they need to be attached.) Was Property Surveyed No Hold For Fees: Hold For Fees:	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. Sanitary Number: Reason for Denial: Permit Date: O19-17	The setback from Wetland Feet Feet Feet Feet Feet Feet Feet Fe	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
1500- 59	Affidavit Required	nd Well (W)	Castrian Castrian Comming & Zoning Dept. Driveum Measurement Measurement On Use Feet On Use Feet On Use Feet On Has Feet For no ne previously surveyed corner to the Feet Feet	r (*) Privy (P)

City, Village, State or Federal May Also Be Required

SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-(215	······································		Issued	i To: W	ayne .	Jensen			·····				- Caracina C	
Location:		1/4	of	-	1/4	Section	36	Township	50	N.	Range	9	W.	Town of	Orienta	
2 Par in W	/ ½ o	f														
Gov't Lot	1		L	ot		Ble	ock	Su	bdivisio	on				CSM#		

For: Residential Other: [Stairs to the Lake (2' x 25') = 50 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Stairway must be located 10 feet or great from side property line and must be a minimum of 110 feet from centerline of highway or 50 feet from ROW, whichever is greater. Best management practices shall be employed to eliminate sedimentation into lake.

		Jennifer Murphy
IOTE:	This permit expires one year from date of issuance if the authorized construction work or land use has not begun.	Authorized Issuing Officia
	Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found	
	to have been misrepresented, erroneous, or incomplete.	June 19, 2017
	This permit may be void or revoked if any performance conditions are not	Date
	completed or if any prohibitory conditions are violated.	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN Date Stamp (Received) MAY 08 2017 CES Irun FHTERED

Permit #: Refund: Date: Amount Paid: 数の 388 D

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Address of Roperty: TYPE OF PERMIT REQUESTED-280% PROJECT LOCATION Section 10 8 3 \$ ☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes— Legal Description: (Use Tax Statement) , Township Jensen ☐ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE

Mailing Address: City/State/Zip: S N, Range Contractor Phone! Q717-13th) ٤ Agent Phone: ax ID# (4-5 digits)

CSM Vol -continue -Town of: Vol & Page Origina Aug S Plumber: Agent Mailing Address (inclu Distant Lot(s) No. Structure is from Shoreline: 1865 Munmages his, Block(s) No. 288 Document #: AS SS YOU Recorded Deed (i.e. Subdivision: Lot Size K Z. Is Property in Floodplain Zone?

Pes
No B.O.A. છ Written Authorization
Attached

yes No
assigned by Register of Deeds) 612-205-1996 200 Plumber Phone: Cell Phone: Telephone: Acreage OTHER Are Wetlands
Present?

No

Are Wetlands

No

Proposed Construction:	Existing Structur		1	9	707		<i>p</i>		Value at Time of Completion * include donated time & material
uction:	Existing Structure: (if permit being applied for is relevant to it)		Property	☐ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	✓ Addition/Alteration	☐ New Construction	Project
	or is relevant to it)		☐ Foundation	☐ No Basement	□ Basement	☑ 2-Story	☐ 1-Story + Loft	☐ 1-Story	# of Stories and/or basement
Length:)(Length: 28'			,	2 Verdurally		🔊 Year Round	▼ Seasonal	Use
	•			□ None		3	□ 2	_ 1	# of bedrooms
Width: 9 Height:	Width: 23' Height:	□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
							. 🗷 Well	□ City	Water

□ Non-Shoreland

☐ Shoreland

区Is Property/Land within 1000 feet of Lake, Pond or Flowage
If yes---continue

Distance Structure is from Shoreline :

			And the second property of the second propert	
Proposed Use	<	Proposed Structure	Dimensions	- Square Footage
		Principal Structure (first structure on property)	×	
		Residence (i.e. cabin, hunting shack, etc.)	×	
Don'd for losings		with Loft	(×	
Residential Use allog	à	with a Porch	×	
		with (2 nd) Porch	×)	
	7	with a Deck (\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(o' x2x')	4 901 %
		with (2 nd) Deck	×	
Committed to the committee of the commit		with Attached Garage	(x)	<u>.</u>
		Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(X)	
		Mobile Home (manufactured date)	(x)	
	X,	Addition/Alteration (specify) Báth (100m)	(10, × d,)	<u>.</u>
With Cipal Use		Accessory Building (specify)	(x)	
-		Accessory Building Addition/Alteration (specify)	(x·)	
			-	
		Special Use: (explain)	(x)	
		Conditional Use: (explain)	(x)	
		Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any passenable time for the purpose of inspection.

Autl	
horized	
Agent:	

Address to send permit

Owner(s): ______| issed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

(If you are signing on behalf of the

Date

Attach
Copy of Tax Statement
Copy of Tox Statement
Ently purchased the property send your Recorded Deed

bascu

City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-	-0216	<u> </u>		Issue	d To:	Nayne	Jensen		<u></u>			<u>.</u>	<u> </u>	
Location:	_	1/4	of		1/4	Sectio	n 36	Township	50	N.	Range	9	W.	Town of	Orienta
2 Par in V	V ½ (of													
Gov't Lot	1			Lot		ı	Block	Sı	ubdivisi	on				CSM#	
For: Resid	entia	ıl Adı	ditio	n / <i>F</i>	Alterat			om (16' x 9') 3') = 664 sq.		sq. ft	i.; <u>Deck</u> (8' x	44') (6' x 14x) (6' x 10')
(Disclaime	r): A	ny futi	ıre ex	pans	ions or (developm	ent wou	ld require additi	onal per	mitting	J			···	
Condition								+25 feet fror pections rec			wetland	boi	ındar	y flags pl	aced preciously

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

June 19, 2017

Date

SET_MIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

₹

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT (ENTERED BAYFIELD COUNTY, WISCONS N

Date Stamp (Reculty ed) E----**PR** 18 201

Permi₹# Refund: Date: Amount Paid Hast yan 6.0 V

Shoreland — Als Property/Land within 1000 feet of Lake, Pond or Flowage	☐ is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	Section $2d$, Township 50 N, Range 7	1/4 Gov't Lot Lot(s)	LOCATION Legal Description: (Use Tax Statement)		Authorized Agent: (Person Signing Application on behalf of Owner(sl)	Contractor:	60%/ NEV 13	Address of Property:	TOOK N. PAY	Owner's Name:	A INTEREST	INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT
#		-w Town of:	s) CSM Vol & Page	Shhor	Tax ID# (4-5 digits)	Agent Phone: Ager	Contractor Phone: 👂 lumber:	からの心	City/State/Zip:	2717-1310 Ave S		DOWN	Bayfield Co. Zoning Dept. o APPLICANT.
Distance Structure is from Shorelin	Distance Structure is from Shorelin	nta	Lot(s) No. Block(s) No.			Agent Mailing Address (include City/State/Zip):	nber:	181 54		201	₽.	CONDITIONAL LICE CDECIAL	ng Dept.
e: feet	e: feet F	Lot Size	Subdivision:	Document #:	Recorded Deed (i.e. # a	(ate/Zip):		S 934	9	36	ر کر <u>.</u>	ACB BOD	
⊒Yes ≅Yes ⊈No □ No	Is Property in Are Wetlands oodplain Zone? Present?	Acreage , O3	- Annuary	я- -	Recorded Deed (i.e. # assigned by Register of Deeds)	Written Authorization Attached Yes No	Plumber Phone:	9651-50ct10	Cell Phone:		<u>e</u>	Δ OTHER	

Proposed Construction:	Existing Structur						9	· ~		Value at Time of Completion * include donated time & material
	Existing Structure: (if permit being applied for is relevant to it)	to DWELLING	- BARAGE -	Property	☐ Run a Business on	☐ Relocate (existing bldg)	lephConversion	\square Addition/Alteration	☐ New Construction	Project
Bashwam	or is relevant to it)	Z.		☐ Foundation	□ No Basement	☐ Basement	文 2-Story	☐ 1-Story + Laft	☐ 1-Story	# of Stories and/or basement
Length:) C	Length: 火							☐ Year Round	¥ Seasonal	Use
16	``				□ None		_ 3	2	1	# of bedrooms
Width: 6 Height:	Width: 23 Height:		V None Go Him bigg	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	[(New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
						1767		Well	□ City	Water

□ Non-Shoreland

Als Property/Land within 1000 feet of Lake, Pond or Flowage

Proposed Use	`	Proposed Structure	Dimensions	Square Footage
		Principal Structure (first structure on property)	×	
	K	Residence (i.e. cabin, hunting shack, etc.)	(28 × 23)	たらの
Roy'd for Incitos	A	with Loft	(×]	5
N Residential Use		with a Porch	(x)	1
	-12-99-00-00	with (2 nd) Porch	(x]	
		with a Deck	(x	
		with (2 nd) Deck	(x	
- Secretarial Age		with Attached Garage	(x	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	×	
		Wobile Home (manufactured date)	×	
		Addition/Alteration (specify)	×	
Municipal Use		Accessory Building (specify)	×	
-		Accessory Building Addition/Alteration (specify)	×	
				The state of the s
		Special Use: (explain)	×	
		Conditional Use: (explain)	×	
		Other: (explain)	×	_

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

| [we] declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I [we] acknowledge that I [we] am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I [we] further accept liability which may be a result of Bayfield County relying on this information I [we] am (are) providing in or with this application. I [we] consent to county officials charged with administering county ordinances to have access to the above described property at any responsibility lime for the purpose of inspection.

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	Authorized Agent:
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(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	

are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Owner(s): (If there a

Address to send permit

Date

October 2016	Signature of Inspector: Hold For Sanitary: Hold For TBA:	Call,	Was Proposed Building Site Delineated Yes Inspection Record:	Parcel a Sub-Standard Lot Cel in Common Ownership Structure Non-Conforming Yes Structure Non-Conforming Yes	Issuance Information (County Use Only) Permit Denied (Date):	NOTICE:	other previously surveyed corner or marked by a licensed survey Prior to the placement or construction of a structure more than one previously surveyed corner to the other previously surveyed marked by a licensed surveyor at the owner's expense.	Setback to Septic Tank or Holding Tank (Som) Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the min	Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Setback from the North Lat Line	Description Mea:	7/ I ⊚	Sheet	Sarias Jane		(2) Show / Indicate: N (3) Show Location of (*): (*) (4) Show: (5) Show: (6) Show any (*): (*) (7) Show any (*): (*)
	TBA: Hold For Affidavit:	m this applications and Conditions Attached? □ Yes □ No - (If No they need to be a like of the sound to be a like of the	ONO ON CONTRACT	(Peed of Record) No (Fused/Contiguous Lot(s)) No Mitigatic Mitigatic Previous		Permits ne & Tv neal Tow	marked by a licensed surveyor at the owner's expense. In a structure more than ten (1.0) feet but less than thirty (3.0) feet from the minimum required setback, the boundary line from which the set in other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the expense.	Feet Setbac Feet Other Feet Off Feet of the minimum required setback, the boundary was		Feet Setback Setback Setback	Measurement Measurement					North (N) on Plot Plan (*) Prontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W);(*) Septic Tank (ST); (*) Drain Field (DF); (*) Hölding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20% CLACE CLACE CLACE ** ** ** ** ** ** ** ** **
	Hold For Fees:	d to beattached.)	nted by Owner perty Surveyed	Mitigation Required Yes No Aff Mitigation Attached Yes No Aff Previously Granted by Variance (B.O.A.)	# OI BEGIOURIS:	ink (ST), Drain field (DF), Holding Tank (I of Issuance if Construction or Use has not lities Are Required To Enforce The Uniform tencies may also require permits.	n required setback, the boundary line from which the se ad compass from a known corner within 500 feet of the	k to Well (Setback from Wetland USW20 20% Slope Area on property CIEE.	Setback from the Lake (ordinary high-water) Setback from the River, Stream, Creek Setback from the Bank or Bluff	Description		Property of the second	The paper lead to the paper le	13 my 13	Frontage Road) Field (DF); (Holding Tank (HT) and/or Pond
	Date of Approval:	{\`	□ Yes	Affidavit Required	odnitary Date:	HT), <u>Privy (P)</u> , and <u>Well</u> (W). t begun. 1 Dwelling Code.	back must be proposed site	Feet * 34 4 ON 6 * 4 4 isble from one previously surveyed corner to the	Feet to lalce	mark) 330 Feet 5	Measurement	yed by the Planning & Zoning Dept.	and Deck	-wet hud		pesermineer for (*) Privy (P) Lake Superior

Village, State or Federal May Also Be Required

completed or if any prohibitory conditions are violated.

SANITARY - 17-47S
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-0217				Issued To: Wayne Jensen										- Louis - Color
Location	n: -	1/4	of		1/4	Section	36	Township	50	N.	Range	9	W.	Town of	Orienta
2 Par in Gov't Lot	Par in W ½ of ov't Lot Block Subdivision							A Angelon v	CSM#						
For: Res	identia	al Use	ə: [1	l.5 s	tory; <u>C</u>	Convert C	<u>Sarage</u>	e to Reside	<u>1ce</u> (2	8' x 2	3') = 644	l sq.	ft.]		
	•					nspection	······	require addition	nai pen	mang					
									Jennifer Murphy						
	This permit expires one year from date of issuance if the authorized construction work or land use has not begun.										*******	Authorized Issuing Official			
	Changes	s in pla	ns or	speci	fications r revoked	shall not be	made v	vithout obtaining	g approv n is four	ral. nd					
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not						Montes	June 19, 2017								
	This permit may be vold of revoked if any performance conditions are not									Date					